

Derbyshire County Council

Rowthorne Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 9 May 2016 and was unannounced.

There is a requirement for Rowthorne Care Home to have a registered manager and a registered manager was in place at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service is registered to provide residential care for up to 40 older people. At the time of our inspection 24 people were using the service. This was because sections of the building were closed for refurbishment.

Systems and processes were not always operated effectively to ensure the quality and safety of services were assessed, monitored and improved. In addition, systems and processes did not always reduce risks to people. Although people had been asked for their views, there was no regular review of people's views on the quality of care provided, including those views of other professionals and families.

Medicines were not always given to people as prescribed and medicines management and administration did not always follow guidelines for the safe use of medicines. The way staff were organised and deployed, had on occasion, left people waiting for their care and support. As such people did not always receive personalised or responsive care. Staff recruitment processes ensured staff were checked prior to working at the service to ensure they were suitable to do so.

People were supported by staff who were kind and thoughtful about people's care. People's choices and decisions were respected by staff. On most occasions, but not all, staff were mindful of respecting people's dignity and supporting their privacy.

The provider had taken steps to reduce the risk of abuse to people through staff training and awareness in safeguarding people and whistle blowing procedures. Other risks to people's health were identified and care plans were in place to ensure any risks were reduced. People who required assistance to mobilise were assisted safely by staff who had been trained.

People were asked for their consent to their care and support. For people who lacked capacity to consent to their care and support the provider had procedures in place that followed the principles of the Mental Capacity Act (MCA) 2005. The provider also had procedures in place to apply for assessment and approval of any restraint on a person's freedom in line with the Deprivation of Liberty Safeguards (DoLS). Staff understood the principles of the MCA and DoLS and staff training in other areas relevant to people's care needs was well managed to ensure staff retained up to date skills and knowledge.

Staff received supervision and demonstrated knowledge of people's needs. People were supported to access other health care services as required. In addition, people had expressed their choices and preferences over meals and drinks and received sufficient food and drink that met their nutritional needs.

People, and where appropriate families, were involved in planning people's care and support. People could share their views in a variety of ways, including meetings with staff. People were able to maintain relationships with those who were important to them. People received support to engage in games and entertainment.

The registered manager was viewed as being approachable and open in their leadership of the service. The registered manager had made improvements to the service and the systems in operation at the service and staff found these improvements helpful. The registered manager was aiming for consistent standards of good quality care and support, however changes to the staff team due to reorganisation and change meant the support to the registered manager was not always consistent.

Records and audits were available to check on the quality and safety of services provided to people using the service. We saw information had been made available advising to people and their families about how to make a complaint or offer feedback. People knew how to raise concerns or make suggestions.

At this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People did not always receive their medicines as prescribed and guidelines for the safe administration of medicines were not always followed. Deployment of staff did not always meet people's needs. The provider had taken steps to reduce the risk of abuse to people using the service and actions were taken to reduce other risks to people, including checking that staff were suitable to work with people.

Is the service effective?

Good ●

The service was effective.

The principles of the Mental Capacity Act (MCA) were followed where people lacked the capacity to make decisions. Staff training had either been completed or training dates had been arranged to date enable staff to care for people effectively. People received support from external health professionals when required. People enjoyed their meals and received sufficient nutrition.

Is the service caring?

Good ●

The service was caring.

People were supported by caring staff. Staff mainly worked in ways to respect people's privacy and promote their dignity. People's views and opinions were listened to and people were involved in planning their own care.

Is the service responsive?

Good ●

The service was not always responsive.

People mostly received personalised and responsive care. People's preferences were known by staff and people were supported to maintain relationships with family members. People had opportunities to take part in various activities and contributed their ideas to what entertainment they would like arranged. People understood how to complain should they have

need to.

Is the service well-led?

The service was not consistently well led.

Checks on the quality and safety of services were not always effective. The registered manager showed an open and approachable management style. The registered manager understood and fulfilled their responsibilities to the Care Quality Commission.

Requires Improvement 

Rowthorne Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on 9 May 2016. The inspection was completed by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed relevant information, including notifications sent to us by the provider. Notifications are changes, events or incidents that providers must tell us about.

We spoke with five people who used the service. We also spoke with two relatives and two healthcare professionals involved with the care of people using the service. We spoke with eight members of staff, including the cook and the registered manager. We looked at three people's care plans and we reviewed other records relating to the care people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care, staff training and recruitment records.

Is the service safe?

Our findings

We observed people being supported to take their medicines as part of our inspection and we reviewed medicines administration record (MAR) charts. We found one person had not received a pain relief gel that they had been prescribed. Staff had recorded that this had not been in stock but we found that it was. We discussed this with the registered manager who advised they were working through an action plan to improve medicine administration practices. However, on this occasion, neither staff practice nor any audit of medicines had identified this person was not receiving their pain relief gel as prescribed.

We looked at eye drops that had been used for one person on our inspection visit. The advice on the eye drops recommended they be disposed 28 days after opening. However, this person's eye drops had been opened for 42 days. Replacement eye drops were in stock for this person but the medicines had not been disposed of according to the recommendations. We checked other creams and eye drops at the service and found them all to have been opened within the recommend time. We discussed this with registered manager who took immediate action to dispose of the eye drops.

We saw the medicines administration record (MAR) charts were completed by staff after each person had taken their medicines. We saw any medicines to be returned to the pharmacy for disposal were stored in line with guidance. Some people also received medicines subject to additional checks and we saw these were in place in line with guidance. Medicines were administered and managed safely.

People were asked if they needed any pain relief and received any medicines that had been prescribed for them. The records to confirm the quantity of 'as and when required' (PRN) medicines administered were not always clear. We made the registered manager aware of this so they could ensure the records were improved.

One person told us, "It's been a rush round this morning; They've been short staffed." We also heard a member of staff talking to another person in their own room say, "We've been a little bit short staffed; I'm sorry you've not had any help this morning; What would you like for your breakfast?" It was nearly 10 o'clock in the morning. We went to talk to this person and they told us they needed staff to help them put in their hearing aids as they could not do this themselves, as a result they had difficulty hearing us. Staff told us they usually helped this person find their clothes and on this occasion, although they had managed to find their clothes themselves, it had been a bit of a struggle. Some staff reported they had been asked to cover the morning shift at short notice, but told us the staffing rota was usually well organised. The registered manager told us two members of staff had been called that morning and been asked to come into work to cover for staff members who were on training and holiday. The registered manager told us they had spoken with the management team and expressed their concern about the lack of attention and planning to this matter. Systems and processes designed to ensure sufficient staff were deployed to meet people's needs had not been followed.

On the day of our inspection staff deployment had not been well planned and this affected the level of personalised and responsive care provided. We also found a staff meeting in May had been cancelled due to

a lack of staffing. People had also expressed some worries in a meeting with staff. They had talked about the time they were waiting for staff to help them, staff having too much to do and the use of agency staff at the service. No monitoring had been implemented as a result of people's comments.

People told us they felt staff were available to help them if they needed assistance. One person told us, "[Staff] pop in during the night." Another person told us, "I've used my buzzer once and staff came quickly," and, "I like to sit near the buzzer." Family members we spoke with told us, "Staff went to [help] that lady quickly [today]."

Family members we spoke with told us they felt people's needs were met by the amount of staff at the service. For example, they told us they observed staff always attended to people quickly when they needed assistance with personal care. Staff told us the service worked well with enough staff, one staff member told us, "Last Tuesday was a beautiful morning, it was a real pleasure to be here." Some staff we spoke with told us they would like more time to spend with people. We discussed staffing levels with the registered manager who told us they based the numbers of staff working at the service on people's needs. They told us they would use agency staff to make sure they had enough staff if needed. The registered manager also told us that there were some on-going changes to the staff group working at Rowthorne Care Home and they were trying hard to reduce any impact on people using the service.

On the day of our inspection, one person had recently started working at the service, while another person found out that they were going to be working at another of the provider's locations. Staff we spoke with told us they found the time it took to show new staff and agency staff what to do impacted on their available time with people. Although the registered manager calculated the number of staff required based on people's needs the deployment of staff had not always been well planned and this had on occasion affected the level of personalised and responsive care provided.

People we spoke with told us they felt safe living at Rowthorne Care Home. One person told us, "I'm perfectly happy; I feel safe here." Family members we spoke with also shared this view. One family member told us, "I can go home without worrying, knowing [my relative] is always looked after; I go home with a really good feeling."

Recruitment records showed staff had been checked by the provider to help them make a judgement as to whether people were of suitable character and were safe to work with the people using the service. These checks included checking people's Disclosure and Barring Service (DBS) certificate, obtaining written references and checking people's previous employment history.

Staff we spoke with all told us they would report any concerns or worries about people to their manager and they had been trained in how to safeguard people. Staff also told us they understood how report any concerns using the Public Interest Disclosure Act 1998 (PIDA) because they were aware of the provider's whistle-blowing policy. PIDA is a law that protects staff from being treated unfairly by their employer if they have raised genuine concerns about a person's care. This meant the provider had taken steps to protect people's safety while they used the service.

Since our last inspection the provider had sent a notification to advise us that incidents of alleged abuse were being investigated and they had taken measures to safeguard people using the service. We discussed the situation with the registered manager and they showed us an action plan that detailed the changes they had made to reduce the risk of any repeat incidents. This showed the service took appropriate action in relation to safeguarding concerns.

People told us staff helped them manage any risks. One person told us they had been unwell before living at Rowthorne Care Home and now staff helped them to drink enough and reduce the risks of a urinary tract infection. They said, "I feel safer here [now], I wasn't drinking enough and here I have my own barley water." Care plans and risk assessments were in place to help reduce any risks to people. For example, we found assessments and regular checks completed for people at risk of skin damage. Risks to people's health were identified and steps taken to mitigate risks.

Staff told us they were confident to report any accidents or incidents and records showed actions had been taken to reduce any repeated risks. However not all accidents were reported in line with the provider's policy. In one case, a fall had not been reported to the provider's health and safety team who review and monitor accidents and ensure any required notifications are sent to the Health and Safety executive HSE. We brought this to the registered manager's attention and they completed the accident form to notify the provider's health and safety team. People had personal emergency evacuation plans in place for staff to follow to help keep people safe should there be a need to evacuate the building. Actions were taken to mitigate risks to help keep people safe and plans were in place to help manage an emergency should there be one.

Is the service effective?

Our findings

People told us they felt confident in the staff's skills to provide support and care. One person told us, "[Staff] know what they're doing." We found staff skills and knowledge in other areas relevant to people's care was mostly up to date. Records showed training had either been completed or training dates confirmed for most of the staff who required training. The registered manager told us staff training was planned in phases so as to be able to ensure staff were available to work. Staff we spoke to told us how recent training was relevant and useful to their work. One staff member told us, "Dementia care training has been the best course I've done. It's been a really useful tool for my job. I really enjoyed that course." Records confirmed staff had received up to date training in areas such as dementia care, medicines administration and safeguarding. Staff had relevant skills and knowledge to support people's needs effectively.

Staff told us they felt supported by the registered manager. One staff member said, "I'm really pleased [registered manager] is here. The support they've given me has been amazing." Another staff member told us, "Since [registered manager] has been here the training is up to date."

Staff told us supervision was organised and useful. Records showed supervision meetings with staff reviewed their training and support needs and provided staff with opportunities to talk about any concerns. Staff also told us the registered manager had provided helpful feedback after observing them completing their day to day work. For example, a member of staff told us the registered manager had improved the way they used a piece of moving and handling equipment. This showed staff were being supported to develop their skills and knowledge to provide care and support to people using the service.

Where people may not have capacity to make a decision the provider had procedures in place so that any decisions relating to their care, followed the principles of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and they are appropriately supported to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be made in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). No-one using the service at the time of our inspection had been identified by the registered manager as having any restrictions on their freedom that would require an application for assessment under the DoLS. The registered manager showed us the records of when a DoLS had previously been applied for and therefore demonstrated they were aware of the procedure to follow.

We saw that people's mental capacity to make decisions was considered and although all the people whose care plans we reviewed had capacity to consent to their care and support, the registered manager understood the process to record mental capacity assessments and any further best interests' decision

making. Records showed people's family members were consulted when required to help determine care in people's best interests. We also saw people were free to move around the service. This showed people's freedom was not unlawfully restricted.

People were asked for their views and provided consent for their care. We saw people had signed their care plans and staff asked people whether they required any help throughout the day. For example, we heard staff asked one person what clothes they wanted to wear that morning. People were asked for their consent and given choices over their care.

We observed people were given choices over their lunchtime meal and drinks. One person told us, "[Staff member] knows what I like." People told us they had enjoyed their food. One person told us, "Lunch was nice." Another person told us their dietary preferences were catered for by staff. Staff who we spoke with understood how to meet this person's dietary needs and records also confirmed this person's needs were planned for. We saw drinks were available throughout the day for people and the meals served provided a balanced diet. Records of a meeting with people using the service showed people had expressed their preferences for afternoon sandwiches to be available on brown, as well as white bread. However, on the day of our inspection only white bread sandwiches had been prepared. We spoke with the registered manager regarding this and they arranged for brown bread sandwiches to be made available for those people that wanted them. People were supported to receive sufficient food and drink of their choosing.

We saw external health professionals had visited some people on the day of our inspection. Records also showed health care professionals were involved in people's care where appropriate, for example, opticians, GP's and District Nurses. One staff member told us, "[Registered manager] will not hesitate in getting the GP out if she thinks someone is unwell." This meant people received appropriate care and support for their health and care needs.

Is the service caring?

Our findings

During our inspection we found one occasion of medicines administration did not support a person to maintain their privacy and promote their dignity. We observed eye drops were administered to a person while they were eating their breakfast, with other people sitting at their table. The person receiving this treatment was not asked whether they would prefer their eye drops administered in private and nothing was noted on their records to say they had been asked for their preference. When we spoke with the registered manager regarding this they told us eye drops would usually be given in the privacy of people's own rooms. The registered manager addressed this with the member of staff and also took immediate action to reflect people's preferences on where they felt comfortable having medicines, such as eye drops administered.

Family members told us how they felt staff supported people's privacy and dignity. They told us how quickly and discreetly staff assisted people with personal care. One family member also told us, "Everyone looks nicely dressed, their clothes tidy, it's like home from home." One staff member told us, "I make sure the niceties are done for people." They told us some people had always worn jewellery and make up and they made sure these people were always supported to still do those things each morning. People received assistance from staff who supported the principles of dignity and respect in their day to day work.

One person we spoke with told us, "[Staff] are kind." Family members we spoke with praised the staff for their kindness. They told us, "[Staff member] is the nicest person you could wish to meet. [They] are so kind and good to [people]." Family members also told us were made to feel welcome when they visited their relatives. Staff spoke with warmth and affection for the people they cared for. One staff member told us, "I enjoy working with [all the people here], and [name of person] is lovely."

Another staff member told us, "I want to be nice in what I say [to people living with dementia]." They told us the dementia training they had recently completed had taught them kind ways to help reassure people living with dementia. For example, they told us the training had suggested if a person living with dementia repeats a question, staff were to answer the question like it was the first time the person had asked it. They told us recently they had used this method when they accompanied a person on a hospital appointment and the person had repeatedly asked where they were going for reassurance. They told us this had helped to keep the person calm during the appointment.

People were asked their views about their care and treatment. One person we spoke with told us, "I'm asked about [my care]." Families we spoke with told us they felt listened to. We observed people had their choices supported. For some people with dementia, this included their choices to have important items with them and we saw this made them happy. Staff told us they promoted people's choices, for example, one staff member told us the person they supported liked to make choices about their clothing. Staff also told us they supported people's independence by providing encouragement for them to do the things they were able to do themselves. For example, staff told us people were supported to do their own hair. People were involved in their care and choices were respected.

Is the service responsive?

Our findings

At times, there were not sufficient staff deployed to provide responsive and personalised care to people. However, most people we spoke with told us they felt the care they received met their needs. One person told us they were happy and they, "Prefer to not take part in the activities." On the day of our inspection we saw games were organised in one of the lounges and people were asked whether they would like to take part. Other people told us they enjoyed watching the television. We spoke with a member of staff who organised activities for people. They told us about the various craft activities and games they involved people in. Some staff also spoke to us about how they used reminiscence with people in their day to day conversations. Staff gave us examples of talking about people's photographs or talking with people about things that were important to them.

People's care plans reflected the care people needed and we could see where people's needs had been reviewed and updated. For example, people had been asked what checks they would like staff to complete over night. These included whether people wanted their bedroom door closed and how frequently people wanted staff to pop in and check on them. We also saw people received care and support that was personalised. We observed staff respond quickly when people requested a drink, and on one occasion staff supported a person to eat their lunch in a different location so as to meet their preferred wishes. This helped to ensure people received care responsive to their individual and changing needs.

In addition, people were asked for their views and preferences on how they would like their care and support provided. Meetings were held with people and families using the service. Meeting minutes showed people had recently shared their views on meals, entertainment in the home, staffing and the ongoing building work. A suggestion box was also available in the main reception area for people to contribute any comments or suggestions. People's preferences were discussed and listened to.

Family members we spoke with told us they could visit when they liked and they were made welcome. One family member told us about a party staff had arranged for a person's birthday. They also told us they could make themselves a drink when they arrived. People were supported to maintain their relationships.

People we spoke with told us they would feel confident to make a complaint should they need to. One person told us, "They [staff] ask us if we've got any complaint or ideas at the [residents'] meetings." We saw details of how to make a complaint were displayed in the service. The registered manager told us one complaint had been recently received and was being processed in line with the provider's policy on handling complaints. We also saw families had sent thank you letters to the staff for the care and support they had given to their relatives. Procedures were in place for people to raise any concerns and share their views.

Is the service well-led?

Our findings

Systems and processes designed to assess, monitor and improve the quality of services and reduce risks to people had not always been operated effectively. Systems to ensure the safe management of medicines had not been correctly followed. They had failed to identify that a person's prescribed medicine was in stock and that eye drops had been opened and in use beyond the recommended date. This meant that one person had not received their medicine as prescribed and one person had received eye drops that had been opened beyond the recommended date.

We also found the systems to ensure sufficient numbers and deployment of staff had not been operated effectively. This meant that at times, sufficient numbers of staff had not been deployed to meet people's needs.

In addition, where people had expressed concerns of the deployment of staff, no further assessment or monitoring had been implemented to improve the quality and safety of services to people. This meant that feedback from people on the services provided had not lead to improvements.

Although people's views were gathered through meetings and through the provision of a comments box, the registered manager had not systematically gathered views of families and any other professionals with the aim of improving the service. This meant the registered manager had not sought and acted on feedback for the purposes of continually evaluating and improving the services.

These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Rowthorne Care Home is required to have a registered manager and a registered manager was in place at the time of our inspection. The registered manager had fulfilled their responsibilities to the Care Quality Commission. This was because they had sent written notifications when required to tell us about any important changes, events or incidents at the service. In addition, they had completed the Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we saw the action plan the registered manager had put in place since working at the service. This showed the registered manager had identified shortfalls and what improvements had been achieved. These had included establishing audits on health and safety and infection control. We also saw the manager had introduced new systems such as communication books and diary systems to ensure people's medical appointments were not missed. Staff working at the service told us they enjoyed their job and they were clear on their own, as well as other people's roles and responsibilities.

People using the service knew the registered manager and told us they could talk to them about any issue. We saw the registered manager took time to be with people and check they were ok throughout the day of our inspection. Staff told us the registered manager was, "Great at communication," and another staff

member told us, "I really like the things [registered manager] has put in place. The communications book is really useful to us." Everyone we spoke with described the registered manager as approachable.

The registered manager had support from other relief managers and their staff team. However, this support was affected by changes due to a reorganisation. For example, on the day of our inspection, a senior member of staff who provided support to the registered manager received confirmation that they would be moving to work at another of the provider's locations. Although staff were managing the changes as well as they could, the changes to the staff group did impact on the consistency of support to the registered manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not operated effectively to assess, monitor and improve the quality of service provided. In addition, systems or processes were not operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. Feedback from relevant persons and other persons on the services provided, for the purposes of continually evaluating and improving services had not been sought and acted on. Regulation 17 (1) (2) (a) (b) (e)</p>